



# BUILDING DEPARTMENT REVISION REQUEST

12300 West Forest Hill Boulevard Wellington, FL 33414

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www.wellingtonfl.gov

APPLICATION DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_

PRIMARY PERMIT # \_\_\_\_\_

PERMIT TECH : \_\_\_\_\_

SUB-PERMIT # \_\_\_\_\_

## TO BE FILLED OUT BY APPLICANT

NAME/CONTRACTOR: \_\_\_\_\_ PHONE: (     ) \_\_\_\_\_

FAX: (     ) \_\_\_\_\_

CONTACT: \_\_\_\_\_

PROJECT STREET ADDRESS: \_\_\_\_\_

PROPOSED REVISION DETAILS: \_\_\_\_\_

\_\_\_\_\_

☐ BUILDING      ☐ ELECTRIC      ☐ PLUMBING      ☐ FIRE      ☐ MECH.

☐ ROOF      ☐ OTHER

- **I UNDERSTAND A FEE WILL BE CHARGED FOR THIS REVISION IN ACCORDANCE WITH WELLINGTON CONSTRUCTION PERMIT FEE SCHEDULE. REVISION FEE IS REQUIRED WHEN SUBMITTED. I UNDERSTAND I MUST PROVIDE A LETTER CLEARLY DESCRIBING THE PREVIOUS AND NEW CONDITIONS AS INDICATED ON THE SUBMITTED PLANS.**

SIGNED: \_\_\_\_\_ INCREASE CONSTRUCTION VALUE: \_\_\_\_\_

\_\_\_\_\_

## **PLANNING, ZONING & BUILDING OFFICE USE ONLY**

REVISION FEE: \$50.00 PER HOUR (MINIMUM = \$50.00)      =\$ \_\_\_\_\_ 50.00

INCREASE CONSTRUCTION VALUE =\$ \_\_\_\_\_

\$ 50.00 X \_\_\_\_\_ HOURS      BUILDING BALANCE DUE =\$ \_\_\_\_\_

RECEIPT # \_\_\_\_\_

ZONING BALANCE DUE =\$ \_\_\_\_\_

TOTAL BALANCE DUE =\$ \_\_\_\_\_

ZONING REVIEW: \_\_\_\_\_

PLAN EXAMINER: \_\_\_\_\_